

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042920

FILED VS DEC 12 1960

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Newton		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		a. STATE Missouri		COUNTY Newton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp.		Length of stay in 1b Neosho		c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 322 West Hill St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 322 West Hill St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First John		Middle Pleasant		Last Briggs		Month Day Year Dec, 5, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/4/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Clair Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William J. Briggs			13b. MOTHER'S MAIDEN NAME Esther Stinnette			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-01-7088A		17. INFORMANT Address Birge Briggs, Neosho Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive Heart Failure							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>Dec 5, 1960</u> and last saw him alive on <u>Dec 5 1960</u> Death occurred at <u>P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. Carter</i>				22b. ADDRESS <i>Neosho Mo</i>		22c. DATE SIGNED <i>12-8-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-7-1960		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Neosho Missouri	
24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home Neosho Mo.				25. DATE RECD. BY LOCAL REG. <i>12/8/1960</i>		26. REGISTRAR'S SIGNATURE <i>Delvin C. Bowman, M.D.</i> <i>By R</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Jimmie C. Jobe, Student Embalmer No. 619
working under my personal supervision.

Student Jimmie C. Jobe
Signature of Student Embalmer

Signed Walter M. Johnson

Licensed Embalmer No. 5065

P. O. Address Neosho, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.